# STATE OF NEW HAMPSHIRE

(Print Name of lobbyist)

# **RECEIVED**

#### 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

FEB 04 2019

NEW HAMPSHIRE ATE

II. Name of lobbyist's	Judy A. Silva, Cordell A. Joh		DEPARTMENT OF
		nnston, Barbara T. Reid,	Timothy W. Fortier
	partnership, firm or corporation,	if any:	
TACAA LIQUIDQIII	ire Municipal Associati	ion	
	e of partnership, firm or corporation)		
25 Triangle Park Drive	Conco	ord NH	03301
Business Address: (Stre	cet) (Town/City	(State)	(Zip Code)
( ) 603.224.7	<sup>7</sup> 447	e-mail governn	nentaffairs@nhmunicipal.org
(Telephone)	( ) (	(Fax)	
☐ All reportable transa	ensactions which are not attributal actions occurring in the months prior re Municipal Associati	r to the reporting date relative	to the following client:
	(Full Name of Client as it appears on the		<del></del>
		· · · · · · · · · · · · · · · · · · ·	
OR	actions by the lobbyist (including the lar client.	lobbyist's family), or the lobb	oying firm listed below which
All reportable transacunrelated to any particul  IV. Date of Report	lar client April 25, 2018	July 25, 2018 □	l
All reportable transacunrelated to any particul  IV. Date of Report	lar client. April 25, 2018   y from date of registration to 3/31/18	July 25, 2018 activity from 4/1/18 to 6/3	 
All reportable transacunrelated to any particul  IV. Date of Report  Reports cover: activity	April 25, 2018  y from date of registration to 3/31/18  October 31, 2018	July 25, 2018   activity from 4/1/18 to 6/3  January 30, 2019	 20/18 <b>⊠</b>
All reportable transacunrelated to any particul  IV. Date of Report  Reports cover: activity	lar client. April 25, 2018   y from date of registration to 3/31/18	July 25, 2018 activity from 4/1/18 to 6/3	 20/18 <b>⊠</b>
All reportable transactumelated to any particular.  IV. Date of Report Reports cover: activity  activity  V. There have been the state of this box is checked, co	April 25, 2018  y from date of registration to 3/31/18  October 31, 2018	July 25, 2018  activity from 4/1/18 to 6/3 January 30, 2019 activity from 10/1/18 to 1	   10/18 
All reportable transacunrelated to any particul  IV. Date of Report  Reports cover: activity  activity  V. There have been to this box is checked, concord, NH 03301.	lar client. April 25, 2018  y from date of registration to 3/31/18 October 31, 2018  ctivity from 7/1/18 to 9/30/18 no fees received and no reporta	July 25, 2018  activity from 4/1/18 to 6/3 January 30, 2019 activity from 10/1/18 to 1	   10/18 
All reportable transacunrelated to any particul  IV. Date of Report  Reports cover: activity  activity  V. There have been the state of this box is checked, concord, NH 03301.  VI. Check if additional	lar client.  April 25, 2018   y from date of registration to 3/31/18  October 31, 2018   ctivity from 7/1/18 to 9/30/18  no fees received and no reporta  complete just this form and submit it t	July 25, 2018  activity from 4/1/18 to 6/3 January 30, 2019 activity from 10/1/18 to 1 able transactions made single the Secretary of State's Office	
All reportable transacunrelated to any particul  IV. Date of Report  Reports cover: activity  act  V. There have been to this box is checked, concord, NH 03301.  VI. Check if additional of the concord of the concord.  If you have received.	April 25, 2018  y from date of registration to 3/31/18  October 31, 2018  ctivity from 7/1/18 to 9/30/18  no fees received and no reporta omplete just this form and submit it to the seed of the seed	July 25, 2018  activity from 4/1/18 to 6/3 January 30, 2019 activity from 10/1/18 to 1 able transactions made single the Secretary of State's Office	in 18

# STATE OF NEW HAMPSHIRE



#### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Judy A. Silva, Cordell A. Johnston, Barbara	T. Reid, Timothy W. Fortier
II. Name of lobbyist's partnership, firm or corporation, if any: New Hampshire Municipal Association	
(Name of partnership, firm or corporation)	
III. Name of Client New Hampshire Municipal Associati	on Date January 30, 2019
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services oss fee amount reported shall not be
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	<sub>b) \$</sub> 77,741.99
c) Total of all fees received to date	
(Add lines a and b)	c) \$ 83,886.14
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 0.0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report in Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm. aggregate total of all expenses paid epenses; (b) the aggregate total of all expenses; (b) the aggregate total of all expenses; than \$10 that is given to the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for the of greater than \$25, purchase of a r than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 6,144.15
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ 0.0
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0.0

d) Total expenses for this reporting period	d) \$ 6,144.15
(Add lines a, b and c)  e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)  f) Total of all expenses year to date  VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.  Paid to:	e) \$ 77,741.99 f) \$ 83,886.14
	s
	\$
	\$
	\$
	\$
·	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
Cordell a Johnsh	January 30, 2019
(Signature of lobbylst)	(Date)
Cordell A. Johnston	
(Print Name of lobbyist)	

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## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

Statement of Income and I	Expenses for:		
Name of Lobbying partnership	, firm, or corpoi	ration: Cordell A.	Johnston
Name of Client (leave blank if particular client): New Hamp		• • • • • • • • • • • • • • • • • • • •	corporation and not related to an
Date of Report (check one):			
April 25, 2018	25, 2018 🗆	October 31, 2018 🗆	January 30, 2019
			nd Expenses described above, an umber of Addendum forms bein
Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that the complete to the best of my kno			nt and each Addendum is true an
Corlell a foliat		<u></u>	nuary 30, <sup>-</sup> 2019
(Signature of lobbyist)			(Date)
Cordell A. Johnsto	n		
(Print Name of lobbyist)		- <del>-</del>	

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

Statement of Income	and Expenses for:		
Name of Lobbying part	nership, firm, or corpo	pration: Barbara T.	Reid
	lank if Statement is fo	or the partnership, firm, or	corporation and not related to a
Date of Report (check o	one):		
April 25, 2018 🗆	July 25, 2018 🗆	October 31, 2018 🗆	January 30, 2019
			nd Expenses described above, a umber of Addendum forms bei
Addendum A(s)	).		
Addendum B(s)	) <b>.</b>		
Addendum C(s)			
I hereby swear or affirm complete to the best of i			nt and each Addendum is true a
3 - S	e. 2	Jar	nuary 30, 2019
(Signature of lobbyist)			(Date)
Barbara T. Re	id		
(Print Name of lobbyist	)		

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist

Statement of Income and Expense	es for:		
Name of Lobbying partnership, firm, o	r corporatio	n: Timothy W.	Fortier
Name of Client (leave blank if Stateme particular client): New Hampshire I	ent is for the	partnership, firm, or	
Date of Report (check one):	•		
April 25, 2018	- O	ctober 31, 2018 🗆	January 30, 2019 🗂
I have read RSA 15, RSA 15-B, RSA the following Addendums submitted v submitted):			
X Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that the foregon complete to the best of my knowledge at the complete to the complete			t and each Addendum is true and  uary 30, 2019  (Date)
• •			(Date)
Timothy W. Fortier		_	
(Print Name of lobbyist)			